



TRAVEL DATE: 7/08/2025 TERRITORY: T4
RES#: 1255987

America's Cowboy Country

For Reservations Contact: Donny Roach (903) 593-2300 email: donny@goamericantours.com
American Tours, PO Box 8723, Tyler, TX 75711-8723

A deposit of \$698 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of January 01, 2025 are based upon availability. Final payment due by May 09, 2025. Deposits are refundable up until January 08, 2025.

YOUR INFORMATION:

Clearly print your full name (first/middle/last) **as it appears on your government issued travel documentation.**

IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel <passport/driver's license> including middle names or suffixes <Jr, Sr>.

First: _____ Middle: _____ Last: _____ Suffix: _____

Nickname: _____ Gender: () Male () Female Date of Birth: month _____ day _____ year _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: () _____ Cell: () _____ Email Address: _____

Should you become ill or injured, whom should we contact (not traveling with you): _____ Phone: () _____

ROOMING WITH: Check if address is the same as Passenger #1

First: _____ Middle: _____ Last: _____ Suffix: _____

AIR GATEWAY: Departure airport for this tour: _____

Air Seat Request: () Aisle () Window () Next To Traveling Companion

Collette cannot guarantee your seat preference. If you have not purchased air through Collette and wish to purchase transfers, you must transfer at our pre-scheduled times. Please be advised, when travelling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge.

"Federal law forbids carriage of hazardous materials such as aerosols, fireworks, lithium batteries & flammable liquids aboard the aircraft in your checked or carry-on baggage. A violation can result in 5 years' imprisonment and penalties of \$250,000 or more. Details on prohibited items may be found on TSA's "prohibited items" web page: <http://www.tsa.gov/traveler-information/prohibited-items>."

TRAVEL PROTECTION: () Yes, I wish to purchase travel protection \$429 () No, I decline

If you choose not to purchase Collette's Waiver Insurance Plan, you will incur penalties for changes and cancellations. Travel Protection Payment is due with first deposit. The Waiver Fee does not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels. (There is coverage under Part B which includes a single supplement benefit of \$1,500 for certain covered reasons. See Part B for details.)

PLEASE MAKE CHECKS PAYABLE TO: Collette () Check () Credit Card

Waiver/Insurance Amount: \$ _____ Deposit Amount: \$ _____ Total amount enclosed: \$ _____

Cardholder Name (if paying by Credit Card): _____

Cardholder Billing Address: Check if address is the same as above _____

Cardholder Phone: _____ Amount: \$ _____

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiration Date: _ _ / _ _ / _ _
M M Y Y

SIGNATURE REQUIRED for acceptance of the below conditions and agreement to credit card use:

Date: _____

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. See <http://www.gocollette.com/about-collette/terms-and-conditions> for full terms and conditions of your purchase.

Important Conditions: Your price is guaranteed once deposit is received and booking confirmed by Collette. Your price is not subject to increase after the deposit is received and booking confirmed, except for charges resulting from increases in government-imposed taxes or fees.



162 Middle Street
 Pawtucket, RI • 02860
 Phone: 1-800-852-5655 Fax: 1-401-727-9014

If paying by credit card, please complete this form and return to American Tours. We can only charge your credit card for the amount noted if the signature, address and phone number are listed below. Thank you!

CREDIT CARD AUTHORIZATION FORM

BOOKING NUMBER: 1255987
 DEPARTURE DATE: July 8, 2025

TOUR: America's Cowboy Country
 GROUP NAME: American Tours

Name of Passenger:
 Salutation: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____
(Mr., Mrs., Rev.) (Please print as it appears on drivers license) (Jr., Sr.)

Cardholder Name: _____
(Please print as it appears on your Credit Card)

Cardholder Address: _____
(as it appears on your credit card statement)

Cardholder Phone: _____

Credit Card Type: ___ American Express ___ Discover ___ MasterCard ___ Visa

Credit Card Number: _____

Expiration Date: _____ Amount to be charged: \$ _____

Cardholder's Signature: _____ Date: _____

I agree to pay according to the card issuer agreement. I understand and accept Collette cancellation policy, terms and conditions.

Participating credit card companies are now requiring a billing address and phone number for **FRAUD PREVENTION**. All information **MUST** be provided. Thank you for your cooperation! If using your credit card for payment, please return this Authorization Form by mail to:

American Tours
 Attn: Donny Roach
 PO Box 8723
 Tyler, TX 75711-8723

Above credit card information has been called in to Collette.



Special Needs Form

Please complete this form, sign and return it to us within 14 days of receipt. Email:

TravelOperations@collette.com

Fax: 401.727.4745

Mail: Collette: Travel Operations

180 Middle Street

Pawtucket,

RI 02860

TRAVELERS NEEDING SPECIAL ASSISTANCE

You must report any disability requiring special attention to Collette at the time the reservation is made. *Collette will make reasonable efforts to accommodate the special needs of tour participants. Such participants, however, should be aware that the Americans with Disabilities Act is inapplicable outside of the United States and facilities outside the United States for disabled individuals are limited. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable of and totally responsible for providing the assistance. Neither Collette nor its personnel, nor its suppliers, may physically lift or assist clients into transportation vehicles. If a traveler thinks he or she might need assistance during a trip, he or she should call Collette to determine what assistance might reasonably be given. Collette cannot provide special individual assistance to tour members with special needs for walking, dining, or other routine activities. Internationally, a great deal of walking may be necessary to fully enjoy the destination. Travelers should be in good health and must be able to walk reasonable distances. In some areas, travelers may be required to walk on uneven ground, cobblestone streets or raised thresholds.

****To request a wheelchair accessible room on a cruise, the traveler or person sharing the room must have a recognized disability that alters a major life function and requires the use of a mobility device and the use of the accessible features provided in the wheelchair accessible stateroom. The cruise company may take appropriate action against someone who has reserved or purchased such a stateroom fraudulently. Action may include but is not limited to removal from the stateroom to a non-accessible accommodation up to denial of boarding.***

Reservation # _____

Name: _____ Male or Female (circle one)

Are you traveling with a wheelchair? Yes No

If you answer "YES"

- Does your wheelchair collapse? Yes No
- Can you stand and climb steps to board the coach without it? Yes No
- Are you capable of lifting your own wheelchair? Yes No

If you are not capable of lifting your own wheelchair who will provide assistance?

_____ This form cannot be processed without the dimensions of your wheelchair:

Height _____ Length _____ Width _____

Are you traveling with a walker? Yes No

If you answer "YES"

- Does your walker collapse? Yes No

This form cannot be processed without the dimensions of your walker:

Height _____ Length _____ Width _____

Tour Managers and drivers do not provide assistance lifting, pushing or carrying wheelchairs or walkers. Motorized scooters are not permitted on tour.

Are you requesting any hotel room accommodations? Yes No

If "YES" Please indicate if one or more of the following is required in the washroom.

- Walk-in shower Yes No
- Grab bars Yes No
- Raised toilet seat Yes No

Please provide any details in reference to the nature of your request.

Most hotel rooms that can accommodate the request will be equipped with only 1 bed. **Do you understand and accept?** Yes No

Collette cannot guarantee the availability of such rooms as many hotels have a limited number of rooms that are equipped with the above accommodations.

Are you traveling with an oxygen tank? Yes No

If you answer "YES"

- You must contact the airline directly to arrange transportation of the oxygen on the plane. Oxygen requests vary by airline and location and can take up to 2 weeks to request.
- You are responsible for supplying your own electrical cords, and converters as needed.

This form must be remitted within 14 days of receipt for any special needs accommodation request.

Collette cannot provide special individual assistance to tour members with special needs for walking, dining, or other routine activities and motorized scooters are not permitted on tour.

The Americans with Disabilities Act only applies in the United States. Many international destinations cannot accommodate passengers' requests. Collette will make all reasonable efforts to accommodate the special needs of tour participants, but we cannot guarantee that all requests will be honored on international destinations. Collette also regrets that it cannot provide individual assistance to a tour member with special needs for walking, dining, or other special personal needs. It is strongly recommended that persons requiring assistance be accompanied by a companion who is capable and totally responsible for the assistance.

I have read and understand the above:

Signature: _____

Print Name: _____

Internal Use Only

Reason: _____

Tour: _____ Reservation # _____

TS/Group: _____

Tour Date: _____